

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35053

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 701

City St. Louis (No. 12115)

City St. Louis (No. 12115)

File No.

Registered No. 9266

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

St. 1818 Ward. 11

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josie Toczylowski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
41 41 1 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

13. NAME Joseph Toczylowski

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Joseph Toczylowski

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Oct 28 1933

19. UNDERTAKER (ADDRESS) Central Burial Co

20. FILED 27 1933 19 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-21 1933, to 10-25 1933

I last saw him alive on 10-25 1933. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 10-21-33+

23A Psychosis - Probably Toxic 10-21-33+

Other contributory causes of importance: Diabetes

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Arthur A. Hines, M. D.

(Address) 1515 Lafayette City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 10 1933

Central